

Guisborough
Rural District Council.

Combined Sanitary Districts
of the
Guisborough Union.

REPORT
for the Year 1920
of the
Medical Officer of Health,
C. R. GIBSON, M.A., M.B., Ch.B., D.P.H.

Guisborough :
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1921.

To the Chairman and Members
of the
Guisborough Rural District Council.

Gentlemen,

I beg to lay before you my report for the year ended December 31st, 1920. Its form is largely determined by the Memorandum received from the Ministry of Health in February of the current year.

Natural and Social Conditions of the District.

Population, at 1911 census, 7,848.

Population, estimated for 1920 by the Registrar-General, 8,594.

Area, before 1st October, 47,609 acres; on and after that date, 45,732 acres.

Guisborough Rural District is divided into three parts: On the south a sparsely populated elevated moorland, on the slopes of the Cleveland Hills, containing part of the valley of the Esk, and with a narrow tongue extending north from it to the sea; on the west undulating fertile country at an elevation of about 300 feet above sea-level, including the five small parishes of Hutton Lowcross, Morton, Newton, Pinchingthorpe and Upsall; and on the north-west a larger tract running down from the small hills of Upleatham and Wilton to the flat

alluvial lining the mouth of the Tees. The last area contains the three large villages of the district, Marske, New Marske and Dormanstown, containing each over 300 houses, and between them at least half of the population of the district. On the 1st October, 1920, a portion of Kirkleatham parish, comprising 1877 acres, and adjoining the Redcar Urban District, was transferred to the latter district. This area contained the new village of Dormanstown, which had become one of the chief centres of population, containing approximately 1900 individuals at the time of its transfer. Owing to the recent origin of this village the Registrar-General, in estimating the population on the basis of the figures of last census, has not been able to give sufficient weight to the effect of the loss of this village on the mean population of the district for the year. I have accordingly, for the purpose of calculating the various death-rates and birth-rates mentioned later, taken a figure, 8,291, as representing more accurately the mean population of the year, or, at least, making a closer allowance for the diminution of population at the beginning of October. Another factor affecting the population of the district during the year has been the occupation of the Aerodrome Huts at Marske as a temporary housing scheme by the neighbouring county borough of Middlesbrough; the first families arrived there from Middlesbrough in June, and by the end of the year 78 dwellings, containing about 390 inhabitants, were occupied. With these several changes, on top of the large fluctuations in population due to the war, any estimates of population, and rates based on them, should be regarded as subject to correction after the approaching census.

The geological strata of the district are oolite and lias, in which are important ironstone mines. The three industries employing the bulk of the male population are ironstone mining, agriculture, and iron and steel making, the works for the last being situated for the most part in adjoining districts. According to the 1911 census 70% of the population lived in houses containing less than six rooms.

Vital Statistics.

Detailed figures may be found in the tables in the appendix. In the table below the important rates are given and compared with those of 1919, and also with the rates for England and Wales in 1920.

			Guisborough Rural District.		England and Wales.
			1920.	1919.	1920.
Death-rate	...	...	13.2	17.1	12.4
Birth-rate	...	...	30.9	26.3	25.4
Infant Mortality, per 1000 births			66½	101	80
Tuberculosis death rate	...	...	0.7	1.3	1.1
Zymotic death-rate	...	...	1.0	1.0	0.5
Diarrhoea death-rate, per 1000 births	...	...	7.8	17.6	8.3

The death-rate shows a very welcome drop from the high level at which it stood in the previous year, largely due to the influenza epidemic; it has, in fact, receded to the neighbourhood of the average figure in the years preceding the war, the average annual rate between 1910 and 1914 being 13.5. This fall in the death-rate implies a large reduction in the amount of sickness; taking the estimate of the relation given in my report last year, the lowering of the death-rate experienced is roughly equivalent to four days less sickness per head of the population in 1920 than in 1919. Another satisfactory point is that the death-rate in the district more nearly approaches the average rate throughout the country at large; while in the preceding year the local rate exceeded the rate for England and Wales by 24%, in 1920 the excess is reduced to 6%, an amount which is probably entirely due, not to less healthy conditions, but to the district containing relatively fewer young adults and more persons advanced in years than the usual proportion throughout the country.

The number of births registered during the year is the largest that I can find in the records of the district, going back

for at least 32 years. The birth-rate is the highest since 1900. The cause of this high level would appear to be demobilization, the return of large numbers of men home after several years absence; the effect, therefore, will probably be only temporary.

Coincident with the high birth-rate it is very satisfactory to record a low rate of infant mortality, the district for this year easily beating the low average of England and Wales. With the exception of zymotic death-rate, swollen by deaths from diphtheria, the vital statistics for the year may be regarded as very satisfactory. Conditions, climatic and economic, have been favourable: the winter months were mild, the summer cool, trade was good, unemployment absent, and the higher cost of living offset for the majority of people by a higher income.

I am indebted to Mr. Lynas, Danby School House, for the following record of rain-fall in 1920 :—

Month.	Inches of Rain.	Rainy days.
January	... 4.33	17
February	... 1.11	11
March	... 3.86	14
April	... 4.38	24
May	... 2.07	14
June	... 0.68	6
July	... 5.84	23
August	... 2.82	10
September	... 1.59	11
October	... 2.34	9
November	... 0.88	4
December	... 3.62	12
Total in 1920	<u>33.52</u>	<u>155</u>
Rain-fall in 1919	40.58 inches.	

Sanitary Circumstances of the District.

Water. The parishes of Kirkleatham, Marske and Upleatham are in great part supplied by the Cleveland Water Company, the source of their water being springs and streams on the moors a few miles north of Commondale. Most of the parish of Wilton is supplied by the Tees Valley Water Company. These are the largest supplies in the district, and the water in both cases is of good quality and sufficient in amount.

The parishes of Commondale, Pinchingthorpe and Tocketts have no piped supply, and are dependent on wells and springs.

The other parishes have partial pipe supplies: Danby, a Council supply from moorland springs at Castleton and Ainthorpe; Westerdale, a private supply from other moorland springs; Newton from springs at Roseberry; Morton and Upsall from moorland springs at Upsall; Hutton Lowcross, a private supply from a moorland stream above Hutton; Wilton village and a few farms, from springs on Wilton Hill; Easington village is supplied partly from springs and partly from a fountain in the centre of the village. Cowber has a piped supply from Hinderwell Urban District, and Boulby has a private supply from springs to the west of the village.

In the Ainthorpe and Danby supply the pipes in the water-collecting area have all been taken up and cleaned; there was no shortage of water during the summer.

Complaints having been received early in the year of the quality of the water supplied at Boulby, a sample was taken on April 20th from the upper standpipe behind the iron cottages and submitted for analysis to Messrs. Pattinson & Stead, Middlesborough. Their report on the analysis states that "this is so high in Albumenoid Ammonia that we must regard the water as of doubtful purity." The water is conveyed part of the way from the springs to the reservoir in a conduit formed

of open-jointed alum troughs, the remainder of the distance being accomplished in iron pipes. Before it reaches the reservoir the water is therefore open to pollution by surface water; in the reservoir at that date the water appeared turbid. Later the reservoir was cleaned out and the quality of the water apparently improved.

Rivers and Streams. The rubble filter for sewage at Castleton has worked satisfactorily in preventing pollution of the Esk. The septic tank receiving the sewage from Lazenby was cleaned out, which improved the condition of the brook receiving the effluent.

Drainage and Sewerage. The largest villages, Marske, New Marske, and Dormanstown, are drained and sewered, the sewers discharging into the sea in the two former, and, in the last, into sewage disposal works, the effluent from which passes into a ditch. These sewage disposal works gave rise to nuisance during the spring owing to percolation of sewage from the outside of the filters on to the surface of the ground, spreading to some distance outside the actual area of the plant. The effluent, which is discharged into the adjacent stell or ditch was also unsatisfactory, the ditch after receiving it appearing heavily polluted. A sample of the effluent was submitted to Messrs. Pattinson & Stead, Chemical Analysts, for analysis, and they reported that it "does not approach the standards of purity adopted by various authorities throughout the country." The nuisance caused by the leakage of sewage from the filters was remedied by the construction of a concrete channel to catch the leakage and convey it direct to the humus tank. A larger tank was also placed above the pump house to give a larger and more regular flow to the sprayers.

At Lazenby, Newton, and Dunsdale the sewage passes through settling or septic tanks and then discharges into streams. At Dunsdale, where 14 houses which had been unoccupied for some years were again occupied, it was found

necessary to relay the sewer behind them which had become silted up. At Castleton the sewage is treated on a simple rubble filter and the effluent discharged into the Esk. At Hutton Lowcross land treatment is adopted. In the rest of the district drains, if present, discharge into a cesspool or the nearest ditch.

Closet Accommodation. The approximate number of the various types of sanitary conveniences in the district at the 31st December, 1920, is as follows :—

Privies with fixed receptacles	326
Pail-closets	1074
Water-closets	151

Two pail-closets have been converted to water-closets during the year, and also a commencement has been made with the removal of the insanitary privy middens at Cowber, fourteen of them having been removed and pail-closets substituted.

Scavenging. Marske village is scavenged by Council employees.

In the following villages the Council arranges for the work to be done by contract: Commondale, Castleton, Danby, Ainthorpe, Easington, Dunsdale, Yearby, Kirkleatham, Wilton, Lazenby, Lackenby, and New Marske.

The scavenging at Boulby and Cowber is arranged for by the owners of the cottages, and in the other villages and isolated houses it is done by the occupiers.

The tip for the Marske refuse is distant 400 yards from the nearest house. The contractors are farmers and with them the refuse is led directly on to land for use as manure.

Sanitary Inspection of District. The Inspector of Nuisances states that 147 premises were visited for the detection of nuisances, and on 59 of these nuisances were discovered and reported to the Council. Informal notices were

issued in each case ; 46 premises were remedied as the result of these notices, three were still outstanding at the end of the year, and in ten cases where the informal notices were not complied with statutory notices were served. Eight of the statutory notices have been complied with and two outstanding at the end of the year.

The defects dealt with on the notices were as follows :—

Defective closet pans	-	-	26
Defective drains	-	-	33
Defective privies	-	-	24
Defective roofs or spouts	-	-	11
Overcrowding	-	-	1
Pollution of ditches	-	-	3
Accumulations of manure causing nuisances	-	-	8
Nuisance from keeping animals	-	-	5
Lack of sufficient water supply	-	-	3
Other defects	-	-	19

Tents, Vans, and Sheds. Forty wooden huts and a variable number of tents are erected on Hummershill Farm, Marske, to form a summer camp at the sea-side. Owing to the housing shortage several of the huts were occupied by families all the year round. Informal action was taken to secure improvements, in the removing of privies that were too close to huts, and in the arrangements for the disposal of slop-water.

Workshops and Factories. There are 43 workshops and 8 factories on the register; 48 visits were paid by the sanitary inspector and no defects found.

Schools. There are eighteen elementary schools in the district at the beginning of the year; a new infants' school, a temporary building, was opened at Boulby, and the Dormans-town school passed out of the area on October 1st, leaving the number at the end of the year still eighteen.

Three schools were closed during the year for infectious disease, the recommendations for closure passing through the County School Medical Officer; Scaling School was closed for 35 days on account of whooping-cough, Commondale School for 21 days for the same disease, and Castleton School for 21 days on account of diphtheria.

After the midsummer school holidays the County Education Committee, on the advice, I understand of the County School Medical Officer, introduced an arrangement under which the Head Teachers in the district are requested to notify to the County School Medical Officer and myself any absences on account of infectious disease, with the reputed nature of the disease. I have received many and prompt notifications since this system was introduced, and the early information thus afforded of the occurrence of diseases like measles and whooping-cough, which are not otherwise notifiable, will be of great value. and, even in the case of the notifiable diseases, it has already been of assistance as a check on other notifications.

Elementary

Guisborough

School.	Water supply.	Type of Closet.
Boulby ...	pipcd	privy-midden
Castleton ...	„	pail
Commondale ...	„	„
Danby C. E. ...	„	„
Dormanstown ...	„	water
Dunsdale ...	rain-water	pail
Easington ...	none	„
Fryup ...	„	„
Hutton ...	pipcd	trough water
Kirkleatham ...	pump	pail
Lazenby ...	pipcd	earth
Marske (infants) ...	„	water
„ (mixed) ...	„	„
New Marske (infants) ...	„	„
„ „ (mixed) ...	„	„
Scaling ...	none	pail
Westerdale ...	pipcd	privies—converted during year to pails
Wilton ...	„	earth
Upleatham ...	none	pail

Schools.

Rural District.

Defects pointed out to School Correspondent,
or in other quarter.

type of closet; drainage discharged into gutter at side of road.

water cistern, uncovered and dirty; nuisance of open cess-pit
outside cloak-room; absence of drainage from urinal.

w. c. flushing cistern out of order.

lavatory waste untrapped, apparatus of earth-closets out of
order, urinal dilapidated.
sanitary conveniences not in cleanly condition.

flushing cistern of closet and urinal out of order, lavatory
basin water-pipes untrapped and defective, refuse bins
uncovered, ceiling ventilator out of order.

sanitary conveniences required lime washing.

Four schools whose sanitary inconveniences in 1914 were of the privy midden type have had these converted into pail-closets ; the only school in the district where the privy midden sanitary conveniences may still be found is the most recently erected one, that at Boulby. It is a matter for regret that closets of this type, designed to be emptied only at long intervals, can still be erected, and especially by a public authority.

The majority of the schools in the district have lavatory basins fitted in the cloak-rooms and water-supply laid on ; the waste-pipes however from these basins are frequently untrapped and occasionally one comes across the most unusual ' sanitary ' fittings, as where, in one cloak-room, there are two basins with a tap over one of them, the other being designed to fill through the waste-pipe of the first.

Food.

Milk Supply. There are 76 registered Cowsheds in your district, and 175 visits were paid by the Sanitary Inspector. Three informal and two statutory notices were issued and the work finally carried out, the defects being unclean condition, defective ventilation, and defective drainage.

Where a covered fold-yard is used as a cow-shed it is highly important that manure be not stored in any way in the fold-yard, but that proper provision be made for its storage elsewhere ; further, the drainage should be in good condition and the floor impervious.

Meat. There are six licensed slaughter-houses in the district, as compared with eight in 1914, two having fallen out of use during the war. These were inspected regularly, and, as a result of informal action, minor repairs to floors have been carried out

No meat was condemned for tuberculosis or other reason.

Other Foods. There are three Bakehouses on the register, one being added during the year ; twelve inspections were made. Work in connection with a statutory notice out-

standing from 1919, and involving the rebuilding of a dilapidated bakehouse was completed. In a second bakehouse improvements of lighting and ventilation were secured as the result of informal action.

No unsound foodstuffs came under the notice of the Sanitary Inspector or myself.

Infectious Diseases.

Figures of the prevalence of the different notifiable diseases may be obtained from Table II in the appendix.

Scarlet fever has been less prevalent than usual, there being 2.2 cases per thousand people, as compared with an average of 2.9 cases annually in the five preceding years. There were three small outbreaks, each being limited to two or three families; the first, in spring, occurred in Marske; the second, about midsummer, was at Comondale; and the last, in the autumn, affected Pinchingthorpe and Upsall. Three cases, at Dormanstown, where there was serious lack of facilities for isolation at home, were removed to hospitals in neighbouring districts, two to Redcar, and one to Eston; a fourth case, at Marske, a visitor from Middlesborough who developed fever shortly after reaching Marske, was removed to Middlesborough hospital. Four out of 18 cases were therefore removed to hospital.

Diphtheria, as opposed to scarlet fever, has troubled the district much more than usual, the attack rate for the year being 7.2 per thousand people, as against a yearly average of 1.9 cases in the five preceding years. This high incidence was by no means general over the district, but was almost entirely limited to Dormanstown in the parish of Kirkleatham and to the neighbouring parish of Wilton. The epidemic in Dormanstown had begun in the last quarter of 1919 and was most extensive in the first quarter of 1920, although cases occurred in every month, except August, up till the date on which the village passed out of the rural district. As mentioned in my previous annual report, from the successive notification of cases from

neighbouring houses in the village, part of the spread seemed to be due to carelessness in complying with the isolation of the patient advised. In one case, which I reported to you at the time, this laxity of isolation was admitted, although the evidence of the infected and the infecting party was conflicting. I therefore advised the general distribution of a hand-bill, pointing out the manner of spread of diphtheria, its dangers, and asking the co-operation of all householders in checking the disease; after this the outbreak markedly dwindled, which may, however have been due to natural exhaustion.

Proceedings were taken under Section 126, Public Health Act, 1875, where a visitor, whose child developed diphtheria while in the village, removed the child in a taxicab to the neighbourhood of London without informing the driver or owner of the cab of the infectious nature of the disease. A conviction was obtained and a fine of £5 inflicted.

The epidemic in Wilton parish was in two parts, first in January, when the discovery and treatment of a nasal carrier was followed by the cessation of the outbreak after the occurrence of five cases; secondly, in June, the disease again showed itself, spread quickly, and lasted through the autumn. Three of these cases, owing to total lack of facilities for isolation or nursing at home, were removed to the isolation hospital of the Eston Urban District.

Seven children died of the disease, a proportion of slightly more than one death to nine notified cases, which is a less fatality than prevailed in the district in the five previous years.

There were thirteen notifications of cases of Tuberculosis received, the number in 1919 having been 14; the deaths from the disease, however, were only six in number, instead of 11 as in the previous year. There were, during the year, thirty names on the tuberculosis register for the district, of whom five died and one removed elsewhere, leaving 24 at the end of the year, or approximately three cases for every thousand

inhabitants. Of these twenty-four, however, five, in whom the disease had not effected the lungs, were apparently quite recovered and in sound health. Sixteen of the thirty cases were pulmonary, to which class belonged the five who died and the one who left the district. Seven of the thirty had been, at some time or other, under treatment in a sanatorium. The most important local factor affecting tuberculosis is the housing accommodation; in one case a family of six adults, including the patient suffering from pulmonary tuberculosis, occupied a house comprising a kitchen and two bedrooms. It is obvious that such conditions are not favourable to the recovery of the patient, and may be favourable, if the case goes down-hill, to a massive infection of some of the other occupants of the house.

Pneumonia, whether primary (either lobar or broncho-pneumonia) or secondary to influenza, is now a notifiable disease. Medical practitioners were circularized to that effect at the beginning of the year, and five cases were notified, none of them ending fatally, but one death was registered as due to an influenza pneumonia, and six as due to primary pneumonia, in none of which was notification of the disease received. The importance of pneumonia as a cause of death is approximately as great as that of tuberculosis, it exacts a heavy toll on infants, while in adult life it attacks males much more often than females, owing doubtless to the greater exposure of the male to wettings, and to severe changes of temperature.

In the early months of 1920 it seemed likely that there might be a recrudescence of Influenza; a vaccine, supplied free by the Ministry of Health, was issued to those medical practitioners desiring it, to enable the public to be protected beforehand from the dangerous complications of the disease. Fortunately, however, no epidemic arose.

Aids to Diagnosis and Treatment. Diphtheria anti-toxin is supplied on request to medical practitioners for use in needy cases; $10\frac{1}{2}$ dozen ampoules, of 4000 units each, were furnished during the year.

The arrangements as to bacteriological examinations remain the same as detailed last year. Three sputa were submitted for examination as to the presence of tubercle bacilli, with negative results in each. Fifty-five swabs were examined for diphtheria bacilli with results as follows:—

	Diphtheria bacilli found.	Diphtheria bacilli not found.
Swabs from newly suspected cases	14	16
Swabs from convalescents	3	19
Swabs from contacts	1	2

Of the convalescents two were examined twice over, and one four times, before being freed from quarantine, so that in all seventeen children out of 54 were released from quarantine on at least one negative swab, the other 37 being pronounced free from disease on clinical grounds alone. Where clinical evidence is supported by laboratory evidence as to freedom from infection, the patient can with safety be allowed to return to school, or mix with other children, very shortly after; but where information is received that a child is free from infection, based on clinical grounds alone, the maximum period of four weeks after disinfection of the premises before return to school is insisted on.

Isolation and Disinfection. Isolation, in the absence of an isolation hospital, is, in the majority of cases, impossible of attainment. Arrangements were made to remove seven cases of scarlet fever and diphtheria to isolation hospitals in neighbouring districts; the remaining 72 were treated at home.

In scarlet fever, diphtheria and tuberculosis, after termination of the disease or removal of the patient, disinfection of the premises has been carried out by means of formalin lamps. No steam disinfector is available for disinfection of bedding.

Maternity and Child Welfare.

The notifications of births, under the Notification of Births Act, 1907, are received by me and copies forwarded

weekly to the County Medical Officer of Health, in order that County Health Visitors may advise, where it appears necessary, in the rearing of the children. If this scheme is to be taken advantage of by the district it is necessary that the obligation of notification laid down by the Act should be observed. In 1919 rather more than one-fourth of the births registered were not notified. In 1920 253 births were registered locally and 189 notifications of live births were received, so that again there was failure to notify in one-fourth of the cases. This is not uniform over the whole district; in the registration sub-district which includes the parishes of Marske, Kirkleatham, Wilton and Upleatham, 179 births were registered and 119 live births notified, that is, one-third of the births were un-notified; in the remainder of the district, 74 births were registered and 70 live births notified, so that very few escaped notification. It is in the villages of Marske and New Marske that the notification is worst, and it is here, unfortunately, that the assistance of the County Health Visitor would appear to be most required.

As previously mentioned the birth-rate in the year under review, at 30.9 has been the highest since 1900; the infant mortality rate also, at a fraction over 66 deaths of infants per thousand births, is very satisfactory, and all parts of the district shared in the reduction. But infantile mortality fluctuates from year to year much more than the general death-rate, and it is probable that general improvement must be made in the practice of the rearing of infants before this figure becomes the usual or average mortality.

Sanitary Administration.

Staff. In January Mr. Woodcock resigned the posts of Surveyor and Inspector of Nuisances, and Mr. Shipley was appointed.

Infectious Diseases Hospitals. Accommodation for cases of smallpox is provided at the hospital of the Guisborough Joint Smallpox Board, near New Marske. No cases were removed to the hospital during the year.

The Council, realizing the necessity for the provision of an Isolation Hospital for diseases such as scarlet fever and diphtheria, and the increased efficiency and economy that is obtained in a larger hospital, opened negotiations with two neighbouring authorities, the Guisborough Urban District and the Loftus Urban District Councils, with a view to the provision of a joint isolation hospital. A joint committee of the three Councils discussed the preliminaries of a scheme, and the representatives of the Loftus Urban District stated they could not go any further. The representatives of this Council and of the Guisborough Urban District Council then endeavoured to secure a suitable site, so far without success. It is important that the scheme should be re-opened so soon as opportunity offers.

Chemical and Bacteriological Facilities. Bacteriological specimens are examined at the Laboratory of the College of Medicine, Newcastle-on-Tyne. Three sputa and fifty-five throat swabs were reported on, as detailed on a previous page.

Housing.

General Housing Conditions. The main events in the housing situation have been a further fall in the number of unoccupied houses, as 14 untenanted but dilapidated houses at Dunsdale have been put into habitable condition, 13 occupied as dwelling-houses and the remaining one as a club. The County Borough of Middlesbrough obtained part of the Aerodrome site at Marske, with a number of huts, mostly wood on brick foundations, and in the middle of the year commenced to house there families for whom accommodation could not be found in Middlesbrough. By the end of the year 78 families had been transferred there. Also the Council Housing scheme at Marske made progress; by the end of the year the site was laid out, the whole of the main drain put in, complete with inspection chambers, and foundations laid for one pair of houses; at the present date

(April, 1921) eight of the houses are in course of erection, leaving one pair still to commence.

By the transfer to Redcar Urban District of part of Kirkleatham Parish, an area in which extensive building operations were going on passed out of the district; approximately sixty houses were completed and occupied here in the first nine months of the year while it was still in this district, but these have not been included in the statistics following this section.

Over-crowding. The number of houses intended for one family and tenanted by two or more families will probably show no reduction over the figure found in 1919. In 28 houses visited by me I found 156 occupants, or an average of 5.6 persons per house. These houses were not visited especially in view of possible over-crowding, but because a case of tuberculosis, or a death of an infant, had been reported as occurring there; three were one-bedroomed houses, one with five occupants and two with four each; eight were two-bedroomed houses, and of these one held eight occupants, one seven, and the others lesser numbers. The maximum number found in the three-bedroomed houses, of which twelve were noted, was nine occupants.

Fitness of Houses. Systematic house inspection for the purpose of the Housing Acts has not yet been re-commenced.

Resulting from action by the Council considerable repairs and improvements to the iron cottages at Boulby were effected. Several houses in Marske and other parts of the district also received attention. Now that cement and other building material is becoming more plentiful, progress in the repair of houses should be expedited.

Statistics of Housing Conditions
for Year ended 31st December, 1920.

I. General.

Estimated population, after 1st		
October, 1920 ...	...	8511
General death-rate ...		13.2
Death-rate from tuberculosis ...		0.7
Infant mortality rate ...		66½
Dwelling-houses, of all classes		
estimated at 31st Dec., 1920		1944
Working-class dwelling-houses		1504
New houses erected		4 (including 2 temporary buildings.)
New working-class houses erected		0

II. Unfit Dwelling-houses.

(1). Inspection.

Total houses inspected for housing defects	...	76
Houses inspected and recorded under the Housing (Inspection of District) Regulations, 1910	...	17
Houses found to be in a state so dangerous or injurious to health as to be unfit for habitation	...	nil.
Houses found not to be in all respects reasonably fit for human habitation	... ..	17

(2). Remedy of Defects without Service of Formal Notices.

Defective houses rendered fit in consequence of informal action	63
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(3). Action under Statutory Powers.

A. Under section 28, ⁵ Housing, Town Planning, etc., Act., 1919.	nil.
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B. Under Public Health Acts.

Houses in respect of which notices were served requiring defects to be remedied	10
Houses in which defects were remedied by owners	...	8

C. Action under sections 17 and 18, Housing, Town
Planning, etc., Act, 1909 nil.

III. Unhealthy Areas.

No representations were made to the Local Authority with a view to Improvement Schemes under Part II of the Act of 1890.

IV. Number of houses not complying with the building bye-laws erected with consent of Local Authority under section 25 of the Housing Act of 1919 2 (temporary buildings)

V. Staff engaged on Housing work: Mr. Shipley, the Surveyor and Inspector of Nuisances.

I am, Gentlemen,

Your obedient servant,

C. R. GIBSON,

Medical Officer of Health.

30th April, 1921,
Guisborough.

APPENDICES.

TABLE I.

Vital Statistics of whole District during 1920 and previous years.

Year.	Population estimated to middle of each year.	Births.			Total Deaths registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.		
		Uncorrected Numbers.	Nett.		Number	Rate	Of Non-residents registered in the District.	Of Residents not registered in the District.	Under 1 year of age.	At all ages.	Rate.
			Number	Rate.					Number		
1916	6,888	—	153	20.4	—	—	—	—	10	110	16.0
1917	7,174	—	144	18.0	—	—	—	—	6	104	14.5
1918	6,812	—	171	22.4	—	—	—	—	32	135	19.8
1919	8,292	219	227	26.3	139	16.8	9	12	23	142	17.1
1920	8,291	253	256	30.9	95	11.4	2	16	17	109	13.2

TABLE

Cases of Infectious Disease notified

	Number of Cases Notified.								Total Cases Removed to Hospital.
	At all ages.	At Ages—Years.							
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards.	
Diphtheria (including Membranous Croup)	61	1	10	41	4	5	—	—	3
Erysipelas	1	—	—	—	—	—	1	—	—
Scarlet Fever	18	—	5	10	1	2	—	—	4
Pulmonary Tuberculosis	8	—	—	4	—	4	—	—	—
Other forms of Tuberculosis	5	—	1	3	—	—	1	—	—
Pneumonia	4	—	—	1	1	2	—	—	—
Malaria	1	—	—	—	—	1	—	—	—
Dysentery	1	—	—	—	—	1	—	—	—
Totals	99	1	16	59	6	15	2	—	7

No case of any of the following diseases was notified; Smallpox, fever, Puerperal fever, Ophthalmia Neonatorum, Plague, Cerebro-Spinal Trench fever.

II.

during the year 1920.

Distribution of Cases.				Other parts of District.
Marske.	New Marske.	Dormans-town.	Wilton Parish.	
6	1	27	22	2
—	—	—	1	—
7	—	3	1	7
5	—	1	—	2
3	2	—	—	—
—	1	1	—	2
—	—	1	—	—
—	—	1	—	—
21	4	34	24	13

Cholera, Typhus fever, Relapsing fever, Continued fever, Enteric Meningitis, Poliomyelitis, Encephalitis lethargica, Polio-encephalitis,

TABLE III.

Causes of, and Ages at, Death during the year 1920.

Causes of Death.	Nett Deaths at the sub-joined Ages of "Residents" whether occurring within or without the District.									Total Deaths whether of Residents or Non- residents in institutions in the District.
	Under 1 year.	1 year.	2-4 years.	5-14 years	15-24 years	25-44 years	45-64 years	65 years and upwards.	Total All Ages	
1. Enteric Fever										
2. Smallpox										
3. Measles										
4. Scarlet Fever										
5. Whooping Cough	1								1	
6. Diphtheria and Croup				7					7	
7. Influenza	1	1			1	1	1		5	
8. Erysipelas										
9. Phthisis (Pulmonary Tuberculosis)		1				2	2		5	
10. Tuberculous Meningitis										
11. Other Tuberculous Diseases					1				1	
12. Cancer, Malignant Disease						1	2	7	10	
13. Rheumatic Fever										
14. Meningitis		1			1				2	
15. Organic Heart Disease					1		1	7	9	
16. Bronchitis	2		1				1	6	10	
17. Pneumonia (all forms)	2		1			1	1	1	6	
18. Other Diseases of Respiratory Organs								1	1	
19. Diarrhoea and Enteritis	2								2	
20. Appendicitis and Typhlitis				1					1	
21. Cirrhosis of Liver										
21a. Alcoholism										
22. Nephritis and Bright's Disease								1	1	
23. Puerperal Fever										
24. Other Accidents and Diseases of Pregnancy and Parturition										
25. Congenital Debility and Malformation includ- ing Premature Birth	4		1						5	
26. Violent Deaths, excluding Suicide			1		1	1	3	2	8	
27. Suicide						1		1	2	
28. Other Defined Diseases	5					5	6	17	33	
29. Diseases, Ill-defined or Unknown										
All Causes. Certified	14	3	4	5	4	12	17	40	100	
Uncertified	3			2	1			3	9	

TABLE IV.
INFANT MORTALITY.

Nett Deaths from stated causes at various ages under 1 year of age.

Causes of Death.		Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 4 wks.	4 weeks and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total Deaths under 1 year.
All Causes	{ Certified Uncertified	2.	1	2	1	6	3	2	5	1	17
Smallpox											
Chickenpox											
Measles											
Scarlet Fever											
Whooping Cough							1				1
Diphtheria and Croup											
Erysipelas											
Tuberculosis Meningitis											
Abdominal Tuberculosis											
Other Tuberculous Diseases											
Meningitis (not Tuberculous)											
Convulsions				1		1			2		3
Laryngitis											
Bronchitis				1		1	1				2
Pneumonia (all forms)									1	1	2
Diarrhoea									1		1
Enteritis							1				1
Gastritis											
Syphilis											
Rickets											
Suffocating, Overlaying											
Injury at birth, Atelectasis		1				1					1
Congenital Malformations											
Premature Birth		1				1		1			2
Atrophy, Debility and Marasmus			1			1					1
Other Causes					1	1		1	1		3

Nett Births { Legitimate 242 }
 { Illegitimate 14 } 256

Nett Deaths { Legitimate Infants 16 }
 { Illegitimate Infants 1 } 17

